



Attorney Docket No. BSCU-004/00US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Bluni et al.

Serial No.: 10/014,678

Examiner: Thomas C. Barrett

Confirmation No.: 3218

Art Unit: 3738

Filed: December 11, 2001

For: **URETERAL STENTS AND RELATED METHODS**

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U.S. Patent and Trademark Office  
2011 South Clark Place  
Customer Window, **MAIL STOP AF**  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, VA 22202

**REPLY AND AMENDMENT UNDER 37 C.F.R. 1.116**

In response to the final Office Action dated February 25, 2004, the Applicants submit the following Amendments and Remarks.

If extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefore (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-1283.

**Amendments to the specification** begin on page 2 of this paper.

**Amendments to the claims** are reflected in the listing of claims, which begins on page 3 of this paper.

**Remarks** begin on page 10 of this paper.



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**TRANSMITTAL OF RESPONSE**

Enclosed are the following documents in response to the Office Action mailed February 24, 2004 for the above-identified application:

- ☒ Reply and Amendment Under 37 C.F.R. 1.116
- ☐ Petition for Extension of Time
- ☐ Request for Approval of Drawing Changes
- ☐ Information Disclosure Statement
- ☐ Notice of Appeal
- ☐ Associate Power
- ☐ Revocation and New Power
- ☐ Change of Address
- ☒ Return receipt postcard
- ☒ Check in the amount of \$86.00 for the total fee as calculated below
- ☐ Other:

The fee has been calculated as follows:

	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY FILED	EXTRA CLAIMS	RATE	FEE
Total Claims	29	- 30 =	0	x \$18.00	\$0.00
Independent Claims	4	- 3 =	1	x \$86.00	\$86.00
If multiple dependent claims are presented, add \$290.00					
Total Amendment Fee					\$86.00
If small entity status is applicable, subtract 50% of Total Amendment Fee					
Other fees: (specify)					
<b>TOTAL FEE DUE</b>					<b>\$86.00</b>

☒ A check for the total fee is attached.

☐ Please charge \$ to Deposit Account No. (PA) 03-3117 (RE) 50-1283 for the total fee. This paper is being submitted in duplicate.

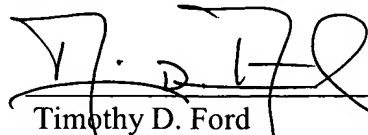
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. (PA) 03-3117 (RE) 50-1283.

Dated: MAY 25, 2004

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Respectfully submitted,  
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By:

  
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